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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Art Unit 3738/Examiner Bruce Snow

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9306

Subject: U.S. Patent Application No. 09/921,851
Gary K. Michelson, M.D.
Filed: August 3, 2001
**METHOD FOR FORMING A SPINAL IMPLANT
SURFACE CONFIGURATION**
Attorney Docket No. 101.0084-02000
Customer No. 22882
Confirmation No.: 8299

FROM:

Name: Amedeo F. Ferraro

Phone No.: 310-286-9800

No. of Pages (including this): 19

Date: July 17, 2006

Confirmation Copy to Follow: NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$450.00 total amount to cover the two-month extension fee is to be charged to Deposit Account No. 50-3726) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on July 17, 2006.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0084-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/921,851

Filed: August 3, 2001

For: METHOD FOR FORMING A SPINAL
IMPLANT SURFACE CONFIGURATION

Confirmation No.: 8299

Group Art Unit: 3738

Examiner: Bruce Snow

**RECEIVED
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated February 16, 2006 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a two-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

The fee has been calculated as shown below:							
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	57	-	57	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$450.00 to cover the two-month extension fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLPBy: Amedeo F. Ferraro
Registration No. 37,129

Date: July 17, 2006

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JUL 17 2006

PATENT
Attorney Docket No.: 101.0084-0200
Customer No.: 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No.:	8299
Gary K. Michelson, M.D.)		
Serial No.: 09/921,851)	Group Art Unit:	3738
Filed: August 3, 2001)	Examiner:	Bruce E. Snow
For: METHOD FOR FORMING A)		
SPINAL IMPLANT SURFACE)		
CONFIGURATION)		

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated February 16, 2006, the period for reply having been extended for two (2) months by a request for extension and fee payment filed concurrently herewith, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 15 of this paper.

07/18/2006 ZJUHR1 00000013 503726 09921851
01 FC:1252 450.00 DA

Amendment 7-17-06.doc